For Office Use Only: $125.00 [ ] Check #_____
$175.00 [ ] Check #_____
$225.00 [ ] Check #_____

Application for Renewal of Kentucky Medical/Osteopathic License for Year 2006
Registration Fee: $125.00

Late Registration After March 1, but before April 1, may be made by payment of an additional $50.00 fee. After April 1, 2006, you will be imposed an additional $100.00 fee.

All questions on this application must be answered and received with the correct renewal fee. Applications with unanswered questions will be returned to you, which will create a delay in timely processing.

***Note**: Intentional false answers or misrepresentation in applying for or procuring a license, registration or reactivation in Kentucky are grounds for disciplinary action, including denial or revocation of license, and are reported to the National Practitioner Data Bank and/or appropriate national professional credentialing organization. You must answer "yes" to any question if the event(s) described in that question has actually occurred. You must answer, "yes" in such circumstances even if you have been advised by an attorney or other person that you may answer "no". You must also answer "yes" in such circumstance even if the record of the event has been sealed or expunged by Court order, or has been designated "confidential" by the body involved. After answering "yes" to the appropriate question(s), you may advise the Board of any additional relevant information pertaining to your answer (i.e., record has been sealed or expunged, record is designated "confidential," attorney has advised that you properly answer "no"). The Board will consider this additional information, along with your answer(s), in determining the appropriate action.*

If you have any question about whether or not you should answer "yes" to a question, you should err in favor of answering "yes", providing an explanation, because any non-disclosure violation will likely result in denial of your application or disciplinary action against your license.

(Please Type or Print)

1) Name: _____ 2) KY License No.: _____

3) Mailing Address: _____
(Street) (City)

_____
State or Country) Zip Code)

4) Practice Address:
(Note: Primary Practice address appears on the KBML Physician Profile at www.kbml.ky.gov.)

Primary Practice Address_____
(Street) (City)

_____
(State or Country) (Zip Code)

5) Office Telephone Number: ( )_____ - _____

6) E-Mail Address (***For Office Use Only***): _____

Application for Registration of Kentucky Medical/Osteopathic License for Year 2006

Name: _____ **License No.:** _____

7) Are you currently practicing in Kentucky? ☐Yes ☐No

8) Please provide KY County and number of hours worked weekly in this county:

(a) County: _____

(b) Number of hours worked weekly in this county: _____

If you have additional practice counties in Kentucky, please indicate so below:

a) Additional Practice County in KY: _____
Number of hours worked weekly in this county: _____

b) Additional Practice County in KY: _____
Number of hours worked weekly in this county: _____

9) Do you currently have hospital staff privileges in Kentucky? ☐Yes ☐No

10) Do you currently have a collaborative agreement with an ARNP? ☐Yes ☐No

11) Do you have plans to practice medicine in Kentucky during the year? ☐Yes ☐No

12) Specialty: _____

13) Type of Practice:

☐ Hospital Based	☐ Resident/Fellow	☐ Military	☐ Retired
☐ Faculty	☐ Private Practice	☐ Research	☐ Semi-Retired
☐ Administrative Medicine	☐ Occupational Medicine	☐ Emergency Medicine	☐ Locum Tenens
			☐ Public Health/Government

Questions (14) and (15) regarding gender and ethnicity are voluntary:

14) Gender (M) ☐ (F) ☐

15) Race/Ethnicity

☐ African American	☐Asian	☐ Caucasian	☐ Hispanic	☐ Latino
☐ Multiracial	☐Native American	☐ Pacific Islander	☐ Other	

Application for Registration of Kentucky Medical/Osteopathic License for Year 2006

Name: _____ **License No.:** _____

1) Since you last registered have you had any license, certificate, registration or other privilege to practice as a health care professional denied, revoked, suspended, probated, restricted, reprimanded, limited, or subjected to any other disciplinary action, by a state medical/osteopathic licensing board, or Federal, or International authority?
☐Yes ☐No

2) Since you last registered have you surrendered such credential, or placed it into an inactive status, to avoid disciplinary action or in connection with or in anticipation of a disciplinary investigation/action by the licensing authority of such jurisdiction?
☐Yes ☐No

3) Since you last registered have you been or are you currently under investigation by any State medical/osteopathic licensing board, Federal or International licensure authority or any drug licensure/enforcement authority?
☐Yes ☐No

4) Since you last registered has the Drug Enforcement Administration (DEA), or any state or International drug licensure/enforcement authority denied, revoked, suspended, restricted, limited, or otherwise disciplined a controlled substance registration certificate issued to you?
☐Yes ☐No

5) Since you last registered have you voluntarily or involuntarily surrendered a medical or osteopathic license, or controlled substance registration certificate issued to you?
☐Yes ☐No

6) Since you last registered has any hospital, hospital medical staff or any other health care entity revoked, suspended, restricted, limited, reprimanded, placed on probation or otherwise disciplined your staff privileges?
☐Yes ☐No

7) Since you last registered have you resigned your privileges or failed to renew privileges at a licensed hospital or from the medical staff of the hospital or any other health care entity, while under investigation or while you were subject to disciplinary proceedings by any of the entities noted above?
☐Yes ☐No

8) Since you last registered are any legal proceedings regarding licensure presently pending against you by any State, Federal or International licensure authority or any drug licensure/enforcement authority?
☐Yes ☐No

9) Since you last registered have you been removed, suspended, expelled or disciplined by any professional medical association or society?
☐Yes ☐No

10) Since you last registered have you been convicted of a felony or misdemeanor by any State, Federal or International court? Are any criminal charges presently pending against you in any of those courts?
☐Yes ☐No

11) Since you last registered to your knowledge, are you the subject of an investigation for a criminal act?
☐Yes ☐No

12) Since you last registered have you had to pay a judgment of $250,000 or greater in a malpractice action or other civil action against your medical practice?
☐Yes ☐No

13) Are you currently in default on any student loan repayment obligations payable to the financial aid programs administered by the Kentucky Higher Education Assistance Authority?
☐Yes ☐No

I hereby state that the information contained in this application is true, accurate and complete to the best of my knowledge and belief. I understand any false information on my application may subject my license to disciplinary action pursuant to the Medical Practice Act.

Applicant Signature:_____ **Date:**_____

If you answer "Yes" to questions 1 - 13, please attach a written explanation.

Application for Registration of Kentucky Medical/Osteopathic License for Year 2006

Name: _____ **License No.:** _____

The answers to these questions are exempt from public disclosure under KRS 61.878(1) (a) and KRS 311.619 and shall be subject to inspection only upon order of a court of competent jurisdiction, except that no court shall authorize the inspection by any party of any materials pertaining to civil litigation beyond that which is provided by the Kentucky Rules of Civil Procedure governing pretrial discovery. The answers to these questions may be considered by the Board and may be disclosed in any contested case proceeding, including a Show Cause proceeding, or appeal of a licensing decision based upon them.

"Illegal drug use" means the use of an illegally obtained controlled substance or dangerous drug; the term "illegal drug use" also means the use of a legally obtained controlled substance or dangerous drug which is not taken in accordance with the direction of the licensed health care professional who prescribed the controlled substance or dangerous drug.

If you are currently a participant in the Kentucky Physicians Health Foundation Program (Impaired Physicians Program) or a similar program in another state, make note of your involvement and answer the following questions as they are written.

1) Since you last registered, have you suffered from or been treated for any medical and/or psychiatric condition which might impair your ability to continue to practice medicine?
☐Yes ☐No

2) Since you last registered, have you suffered from or been treated for drug or alcohol abuse and/or dependency?
☐Yes ☐No

I hereby state that the information contained in this application is true, accurate and complete to the best of my knowledge and belief. I understand any false information on my application may subject my license to disciplinary action pursuant to the Medical Practice Act.

Applicant Signature:_____ Date:_____

If You Answer "Yes" To Questions 1 or 2, Please Attach A Written Explanation.

Mail Application to:
Kentucky Board of Medical Licensure
310 Whittington Parkway, Suite 1B
Louisville, KY 40222

Kentucky Board of Medical Licensure

Continuing Medical Education Certification Form

CME Cycle: January 1, 2003 – December 31, 2005

Continuing Medical Education (CME) regulation 201 KAR 9:310 requires all medical and osteopathic physicians maintaining an active Kentucky medical license to obtain 60 hours of CME every three years. Thirty hours in Category 1 accredited by the Accreditation Council on Continuing Medical Education or the American Osteopathic Association and thirty hours may consist of non-supervised personal activities. Two of the total sixty hours must be acquired in a HIV/AIDS course approved by the Kentucky Cabinet for Health and Family Services every ten-year period. Physician who obtained a new license during the CME cycle should refer to the information below for calculating CME hours due.

According to the Continuing Medical Education (CME) regulation 201 KAR 9:310, for each (3) year CME cycle, a licensee shall complete:

(a) A total of sixty (60) hours of CME, if his/her license has been renewed for each year of a CME cycle;
(b) If his/her license has not been renewed for each year of a CME cycle, licensee shall complete twenty (20) hours of CME for each year for which his/her license has been renewed.
(c) A licensee whose initial licensure was granted the first year of the CME cycle for which verification is submitted: completion of (60) hours of CME before the end of the cycle;
(d) A licensee whose initial licensure was granted the second year of the CME cycle for which a verification is submitted: completion of forty (40) hours of CME before the end of the cycle;
(e) A licensee whose initial licensure was granted the third year of the CME cycle for which verification is submitted; completion if twenty (20) hours of CME before the end of the cycle.

You are required to report that you have completed the CME requirements for the years that you have maintained an active medical license in Kentucky during the cycle. If you have not completed the required hours noted above in sections (a) – (e), please complete the "**Request for Extension to Complete Required CME Hours**" which is included with this application. Payment of $100.00 will be required in order to request this extension. **It should be noted that failure to complete this form, pay the extension fee and return with your 2006 renewal application will result in delay of your renewal application being processed.**

Name: _____ License Number: _____

Address: _____

In order to comply with this requirement, please answer the following:

Have you completed your CME requirements for the CME cycle ***1/1/2003 – 12/31/2005***?
☐ Yes ☐ No

_____ _____
Signature **Date**

Please do not send documentation of your CME hours to the Board unless requested.

For Office Use Only: $100 _____

Kentucky Board of Medical Licensure
Continuing Medical Education
Extension Fee: $100.00

Request For Extension To Complete Required CME Hours

If you have not satisfied the CME requirements, you may request an extension of time. If you request an extension, the Board will access a $100.00 fee. According to 201 KAR 9:310. section 4, "*The Board may grant an extension of time to a physician who for sufficient cause has not yet received continuing medical education requirements for the cycle."*

In order to request an extension, please complete the section below, sign, date and return to the Board with the enclosed 2006 renewal application and fee. You will receive correspondence from the Board after April 1, 2006 accepting your extension request with instructions for submitting required CME hours. **Your extension acceptance letter will be mailed separate from your wallet card.**

Please grant an extension to complete the Continuing Medical Education hours required for the CME cycle January 1, 2003 – December 31, 2005. I did not complete the required hours because: (please provide explanation)

_____

_____

_____

_____

_____

_____

Reminder: Please enclose the $100.00 extension fee when returning application.

_____ _____
Printed Name Kentucky License Number

_____ _____
Signature Date